FCC 395		FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554													Approved by OMB 3060-0076			
		COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]														Est. time per response: 1 hour		
SECTION 1 - Genera	I Informati	on																
1 Name and Mailing	Address of																	
	United States Cellular Operating Company Knoxville 8410 Bryn Mawr Ave														☐ Check here if this is a change of			
Chicago, Illinois 60631														address				
FRN: 7296767		Offica	go, minor	00001	Interna	al Compai	ny Code(s): 0411,	0183									
2. Year Report Filed	ed 3. Reporting Period (Ending Date of Pay Period Covered by Report) 4 Number of Full-Time Employees during Selected Reporting Period (check												riod (check	one)				
2017	a. ☐ Fewer than 16 (complete Sections 1, IV, and V only) b. ☐ 16 or more (complete all sections)																	
SECTION II - Full Ti	ime Emplo	yees.																
		Number of Employees (Report employees in only one category)																
		Race/Ethnicity																
		Hispa	anic or	Not-Hispanic or Latino														
Job Categories		L'a	tino	Male								Female				1		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N		
		Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0		
Executive/Senior Level C and Managers	Officials 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials a Managers	and 1.2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1		
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Technicians	3	0		_	_	_	_		_	0		0	0	0	_	_		

Sales Workers

Craft Workers

Operatives

TOTAL

Workers

Administrative Support

Laborers and Helpers

PREVIOUS YEAR TOTAL 11

Service Workers

SECTION III - Part Time	e Employee	es.															
	Number of Employees (Report employees in only one category)																
		Race/Ethnicity															
	Hisp	anic or	Not-Hispanic or Latino														
Job Categories		atino			Ma	ale											
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N		
	Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0		
Executive/Senior Level Officials and Managers 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials and Managers 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sales Workers 4	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2		
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL 10	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2		
PREVIOUS YEAR TOTAL1	0	0	11	0	0	0	0	0	0	0	0	0	0	0	1		
SECTION IV - Report of																	
This is to advise this company bef This is to advise company (Attach disposition	fore any bo the Commi	dy having o	competent he followi	jurisdiction ng complai	n in such m nts alleging	natters during violations	ng the cale of the pro	ndar year isions of	covered b	by this repo	ort ent opportu	nity statu	te have beei	n filed agai	nst this		
SECTION V - Certifica																	
Date 5/8/2017	st of my knowledge, information, and belief, all statements in this report are true and correct Typed or Printed Name of Person Signing Gina M. Cozzone Telephone No 773 399-7047																
Title of Person Signing Government Compl	iance Div	ersity Maı	nager	WILLF AND/C U S C	R REVOCA	E STATEME	ENTS MADI	ON THIS	FORM A	RE PUNISH	IABLE BY F ON PERMIT	INE AND/O	OR IMPRISC 312 (A)(1) A	NMENT (18 ND/OR FO	8 U S C 1001) PRFEITURE (47		